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**ATTITUDES TOWARDS DENTAL HEALTH POLICY
AND DENTAL CARE AMONG HONG KONG POLICY-MAKERS**

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ABSTRACT

According to the official record from the Hong Kong HANSARD, dental questions were rarely discussed in the Legislative Council (LegCo) in the past few decades. This made us question the awareness of politicians with regard to dental services and policy which may in turn affect future policy making in this field. So we have done a series of interviews with 4 popular political parties and 3 independent LegCo members, 2 representatives of the Department of Health to find out how they think about dental problems of Hong Kong and whether they are planning any initiatives to amend the present situation.

In conclusion, according to the interviewees, most of the political parties are dissatisfied with the current dental services provided by the government and agree that the public awareness is low. However, none of them are likely to have intentions to raise the problems in a LegCo meeting or request for improvements, since no dental issue is mentioned in their policy platform or other health related document. This may be due to their low interest on this aspect or to poor communications between the politicians, the dental profession, and the government as we noticed that some of the politicians repeatedly claimed their lack of familiarity with dental health issues.

For the government, provision of curative dental services to the public is of low priority and they would still emphasize on prevention and oral health education in the near future.

On this basis we recommend that the dental profession should take a more active role in expressing our desire to improve the quality of dental care services to the public, and to strengthen the communication with politicians and hence promoting dental awareness not only among the general public but also among the policy-makers.

INTRODUCTION

Low dental awareness in the Hong Kong population has repeatedly been mentioned as a barrier to preventive dental care, especially among adults. This attitude could be the reason why the Hong Kong government is usually considered to give a low priority to dental care for the general population. However, it is not a straightforward matter to understand to what extent the government should develop dental services for the population if the population shows lack of interest in this.

It might be thought that if a sufficient level of interest concerning dental care existed in the population then this interest would be converted to some sort of political pressure on the government to initiate action. This is often the way things happen in other societies, and this requires a certain level of commitment both in the population and in the political system.

Almost all present-day societies, democratic or not, have some sort of political party system to link citizens to government. This allows citizens to get their needs and wishes heard by government (1). Political parties are normally defined as groups which seek to acquire power through the capture of political office by winning an election. However, in Hong Kong it is not possible to acquire power by success in electoral competition, since all the policy-making positions in government are filled by appointments made by the British government, or by the governor. Those candidates who win elections for the District Boards and the Legislative Council do not acquire the power to make decisions; they are only able to give advice, to criticize, and occasionally to block proposals put forward by the administration, but they do not govern Hong Kong (2). Thus the relationship between the population, politicians, and the government may be less transparent in Hong Kong than elsewhere, especially when it comes to special areas of interest such as dentistry. Although we, as dental professionals, should be well placed, we do not exactly know how the politicians or the policy-makers think about dental services. What are their interests in the dental field? Are there any major plans to improve the existing dental services, and if so in which direction? The answers to these and related questions seemed very uncertain, and we wanted to explore them further.

Hong Kong’s political system

In order to have an understanding of how policies are determined we present an overview of the legislative structure in Hong Kong.

Basically, the structure of Hong Kong government is divided into three levels - central government, local government, and district administration; which are all headed by the governor, Chris Patten, who in turn is directly commissioned under the British government.

Structure of Government:

- Central Government - Executive Council, Legislative Council, Judiciary, Civil Service
- Local Government - Urban Council, Regional Council.
- District Administration - District Boards, District Management Committees

Concentrating on the central government, it branches into three individualized but mutually communicating councils and one separate Independent Commission Against Corruption (ICAC) as illustrated in Figure 1.

Structure of Central Government

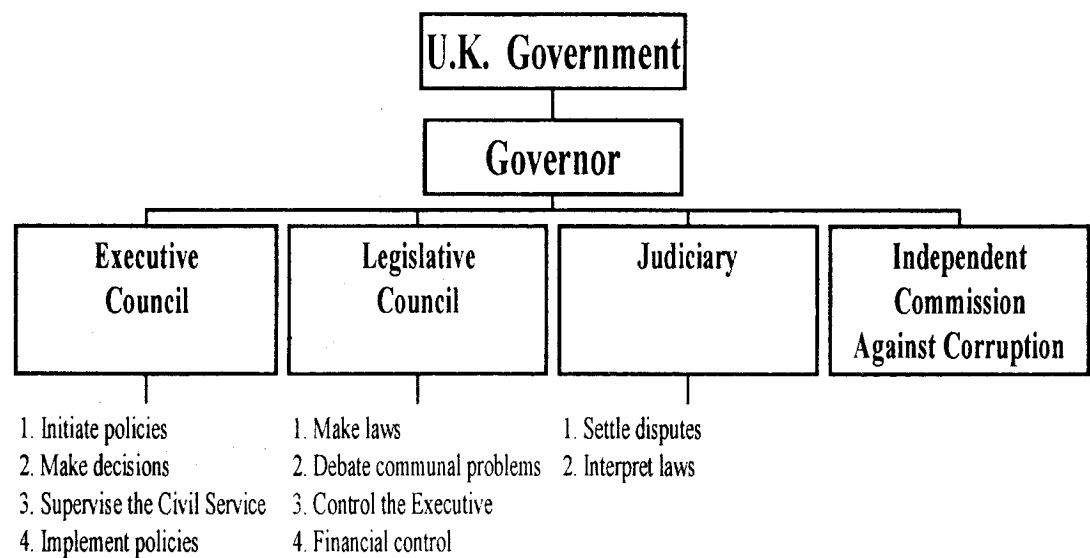


Figure 1. Overview of Government Structure in Hong Kong.

Policy-making processes depend on the cooperation and communication of different branches and departments in the government. A simplified view is illustrated in Figure 2.

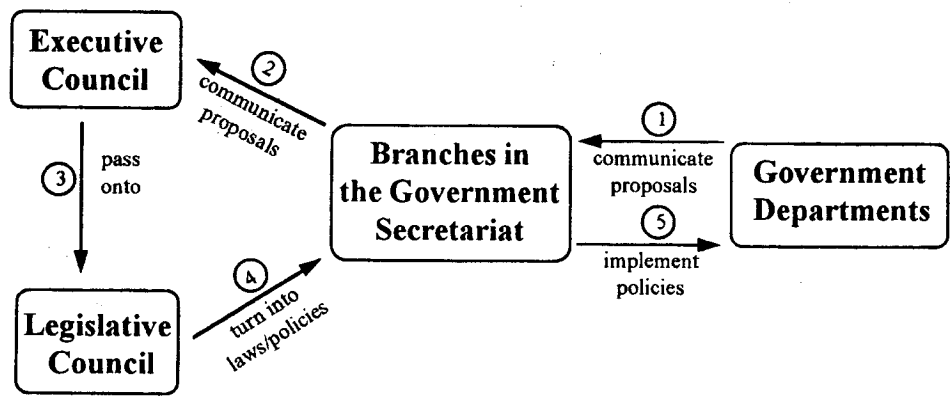


Figure 2. The relationships and policy-making processes of the various levels of government and the administration.

The Executive Council and the Legislative Council are the two main councils in Hong Kong. The Executive Council advises the governor in the execution of the powers granted to him by the Letters Patent and Royal Instructions. The Legislative Council enacts legislation, controls public expenditure, monitors the implementation of government policy and debates matters of public concern.

The main function of the Legislative Council (LegCo) is to enact legislation, but in their debates and questions members of the Council also examine the quality and effectiveness of government policies and make suggestions for their improvement. Through its Finance Committee, and Public Accounts Committee, and in the passage of legislation for the appropriation of public funds, LegCo controls public expenditure.

With the emergence of political parties and elected representatives, at this stage of our political evolution the membership of the Executive and the Legislative Councils are separate and distinct. Those elected representatives in the LegCo may have indirect influence on the policy concerning dental services in Hong Kong. In the policy-making process, the LegCo plays a reasonably important role - discussing, challenging and amending policy proposals before they actually become reality.

The structure of the LegCo is quite unique, consisting of a combination of elected and appointed members, and with a considerable proportion of the councillors elected by members of so-called functional constituencies. Medical and dental professionals constitute one such constituency and return one member to LegCo through direct elections among its members. The structure of LegCo is given in Figure 3.

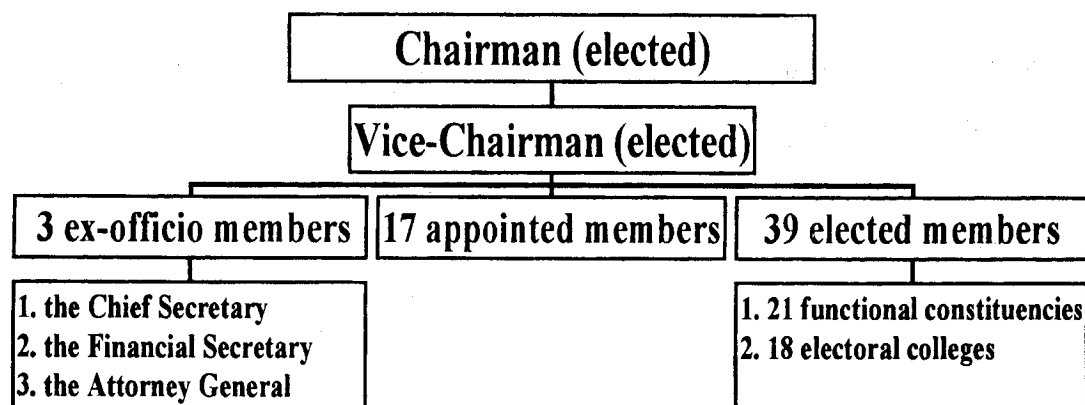


Figure 3. The structure of the Legislative Council.

Besides the concept of functional constituencies, the establishment of political groupings is a recent trend, which indeed has been practised in the developed Western world for many years. In the Hong Kong situation, there are quite a number of officially recognized political parties during these recent years (Appendix 1). However, it is questionable whether they are real political parties in a usual meaning, because they cannot overthrow the Government and for instance occupy the post of the Governor.

A review of the records of the past few years' LegCo meetings reveals that there has been very limited debate and discussion related to dentistry. With the direct elections for LegCo to be held in 1995, there is an opportunity for us to investigate the attitude of policy makers towards dental health so as to provide better reference for the dental profession, and hopefully, to reflect the current dental situation to the politicians and to raise their concern on dental subjects.

AIMS AND OBJECTIVES

Aims:

The role of politicians and political parties in determining dental health policy is uncertain, and we don't know how politicians and political parties think about the present dental services. Therefore, we want to study how they think about dental health problems of Hong Kong and whether they are planning any initiatives to amend the present situation.

Objectives:

1. To collect opinions from politicians and political parties concerning current dental services, current policy and future development of dental services.
2. To expose political parties to a professional opinion on dental care; and
3. To pass on politician's and professional's opinion to the Department of Health.

MATERIALS AND METHODS

Study population

In this project, we chose politicians and policy makers as our study population. It comprises:-

1. Representatives from the Department of Health
2. Medical Functional Constituency representative in the LegCo
3. Representative from the Health & Medical Development Advisory Committee, Dental Sub-committee
4. Representatives from political parties which have elected members in the LegCo
5. Appointed members in the LegCo
6. Elected members in the LegCo with no affiliation to political parties

Methods

1. First, we outlined the areas of interest and then set the interview framework under three categories, namely, **CURRENT SERVICES**, **CURRENT POLICY** and **FUTURE DEVELOPMENT**.

A. Current Services

1. Quality and quantity of local dental services
2. Number of dentists
3. Government dental services to public

B. Current Policy

1. Dental health promotion
2. Advertising among the dental profession
3. Government expenditures on dental services
4. Legislation on "compulsory dental insurance scheme"
5. Disposal of dental amalgam (restorative material containing mercury) waste

C. Future Development

1. Ways of expansion of current dental services
2. Influence of professional autonomy from mainland China after 1997

2. Then we found telephone numbers, fax numbers and addresses of the study population from government publications.
3. Then we contacted the study population by telephone and we sent a letter to them to request an interview with the interview framework enclosed. We also gave our address and fax number to them so that they could send their dental policy statements to us as a reference for the interview.
4. After we received their confirmation of an interview, we divided ourselves into small groups of 2 to 3 members to act as interviewers.
5. In order to improve our interview skills with politicians and policy makers, we met with Mr. Robert Chung, Research Officer of Social Sciences Research Centre of HKU, who went through all the interview questions and discussed the interview skills with us. We also practised by going through all the questions with the use of a tape recorder.

6. Before the start of an interview, we asked the interviewee for the permission to use a tape recorder. Fortunately, all of the interviewees allowed us to do so and the whole interview was recorded on tape. We used 2 tape recorders for the interview in order to be sure that at least one recorded the whole interview. At the end of each interview, photographs of the interviewers and interviewee were taken.
7. After we finished all the interviews, we transcribed, summarized and categorized the interviews for data analysis. Then we did a qualitative analysis to compare and contrast between views of different politicians and political parties.

However, we found some difficulties with such a qualitative analysis and we made another appointment with the Robert Chung for further advice.

8. Finally, a qualitative analysis was performed to compare and contrast the views of different politicians and political parties. The parties are listed in Appendix 1.

RESULTS AND DISCUSSION

Except the Hong Kong Association for Democracy and the People's livelihood, and the Liberal Democratic Federation of Hong Kong, the other 4 political parties accepted our interviews.

We have finally conducted 10 interviews with :-

1. Representatives from political parties which have a seat in LegCo:
 - * Dr. Pong Ho Wing from Liberal Party of Hong Kong (LP)
 - * Dr. Huang Chen Ya from Democratic Party of Hong Kong (DP)
 - * Dr. Siu Kin Ying from Hong Kong Democratic Foundation (HKDF)
 - * Dr. Lo Chi Keung from Democratic Alliance for Betterment of Hong Kong (DABHK)
2. Government appointed independent LegCo member, Ms. Christine Loh.
3. Medical Functional Constituency representative in the LegCo, Dr. Leong Chi Hung.
4. Chairman of the Dental Sub-committee, Medical and Health Development Advisory Committee, Dr. Homer Tso.
5. Representatives from Department of Health, Dr. Bill Yan and Mr. Tony Dickinson.
6. Elected independent LegCo members Ms. Emily Lau and Mr. Andrew Wong.

Besides Dr. Yan and Dr. Homer Tso, Dr. Pong Ho Wing is also a dentist. The other 3 representatives of political parties and Dr. Leong Chi Hung are medical doctors.

Only Ms. Emily Lau claimed herself not familiar with dental health issues. Although she agreed that it is important and government should promote this, she refused to comment on any question during the interview which lasted for about 10 minutes.

All the 6 political parties and 3 independent LegCo members we selected in this study, are ranked as the most popular in the territory. This has been shown repeatedly in surveys on political groups (Figure 4) and Legislative Councillors (Figure 5) conducted by the Social Science Research Centre of The University of Hong Kong in 1994 (3).

Popularity ratings of top five political parties 1994

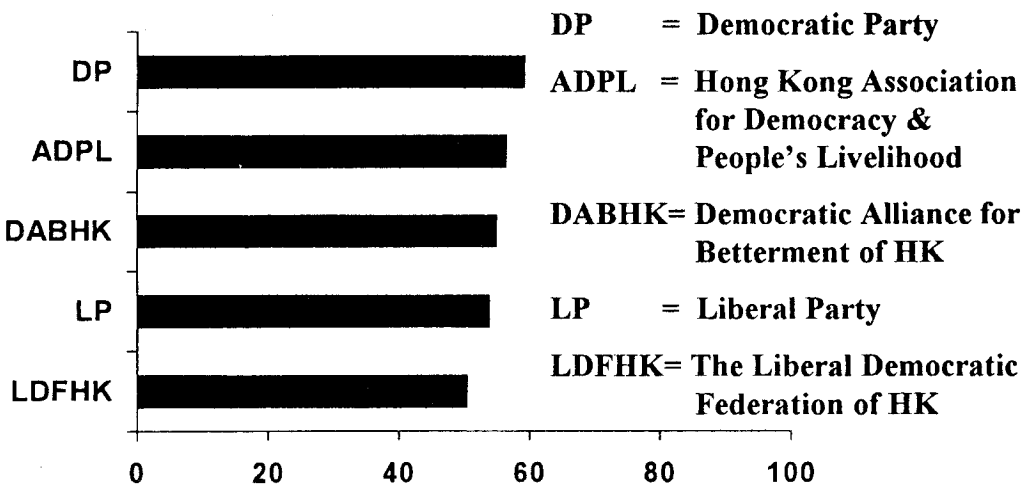


Figure 4

Popularity ratings of top ten Legco members 1994

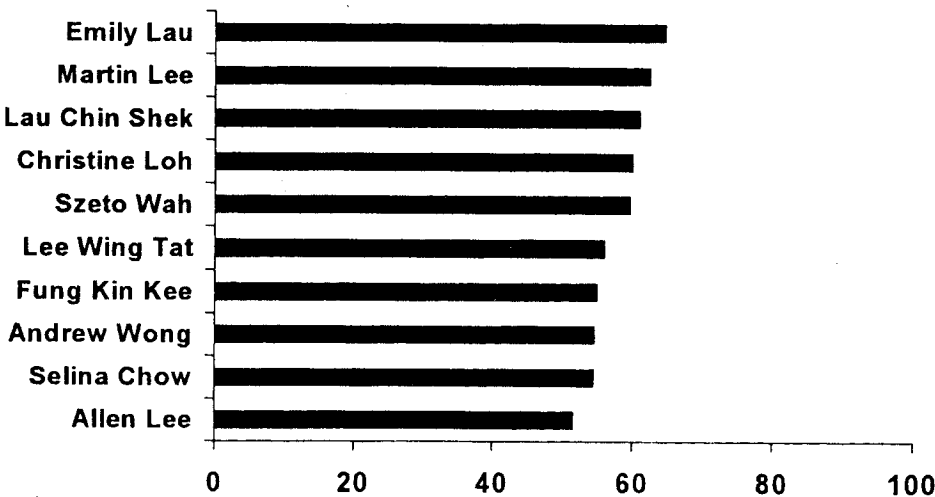


Figure 5

The Democratic Party and Ms. Emily Lau occupied the first position of their respective groups during the whole year.

The participants in the interviews have been represented by an appropriate logo according to the pictures in Figure 6. These logos will be used in the rest of the illustrations as indicators of the response patterns.



Figure 6. Logos for the various participants in the interview survey.

Current Services

The first group of questions concerned the current dental services.

Question 1 was "What is your opinion on the quality and quantity of local dental services?"

The general opinion was that quality of dental services is good and four of the interviewees agreed that services provided by the private sector are adequate but not by the public sector. Mr. Andrew Wong refused to answer directly while Dr. Huang of the DP mentioned that there is a lack of information from the dental profession, although it seemed that services to the poor and elderly are inadequate, (Figure 7).

Quality: Generally good.

Quantity:

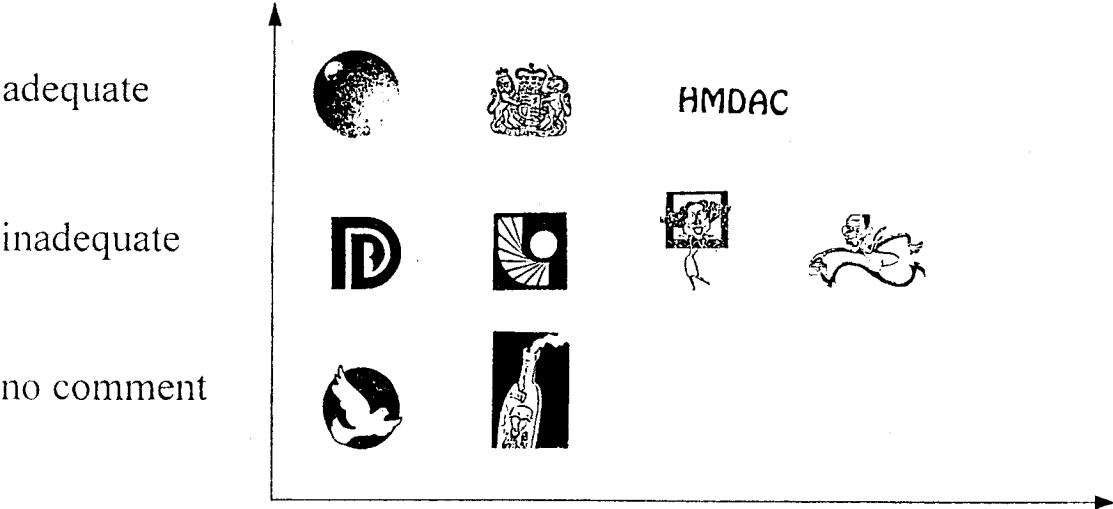


Figure 7. Assessment of current services.

About half of the interviewees claimed that services of the public sector are inadequate and free curative dental services should be extended to the public while the government expressed that the promotion of successful preventive measures is the most effective way to work under limited resources. When we look at the existing oral health care services available in Hong Kong, they are provided by:

1. Government
2. Private practitioners
3. Faculty of Dentistry, The University of Hong Kong in the Prince Philip Dental Hospital
4. Other agencies

According to the document "Towards Better Health" (4) published by Department of Health in 1993, the government's focus on oral health is in prevention and education. Besides domestic water fluoridation since 1961, School Dental Care Service (SDCS) provides preventive and curative dental services by dental therapists to primary 1-6 children in 6 school dental clinics. In 1994, the programme comprised about 400,000 children, 75-80% of the eligible population. There is also a government Oral Health Education Unit which organizes oral health programmes for school children and organizes oral health exhibitions in the society at large.

At present, the Government Dental Service provides free comprehensive dental services to about 500,000 civil servants and their dependants as part of their employment benefits at 48 government dental clinics. Government hospital in-patients and inmates in penal institutes are also eligible for some simple dental treatment. For the general public, only emergency dental treatment is provided at 9 of the government dental clinics for civil servants, on a very limited basis.

Dental services for pre-school children, adolescents and adults are mainly provided by private dental practitioners. Services provided by both third party payment programmes and non-government organisations are very limited and cover only a small proportion of the population.

The second question concerned whether there are enough dentists in Hong Kong (Figure 8).

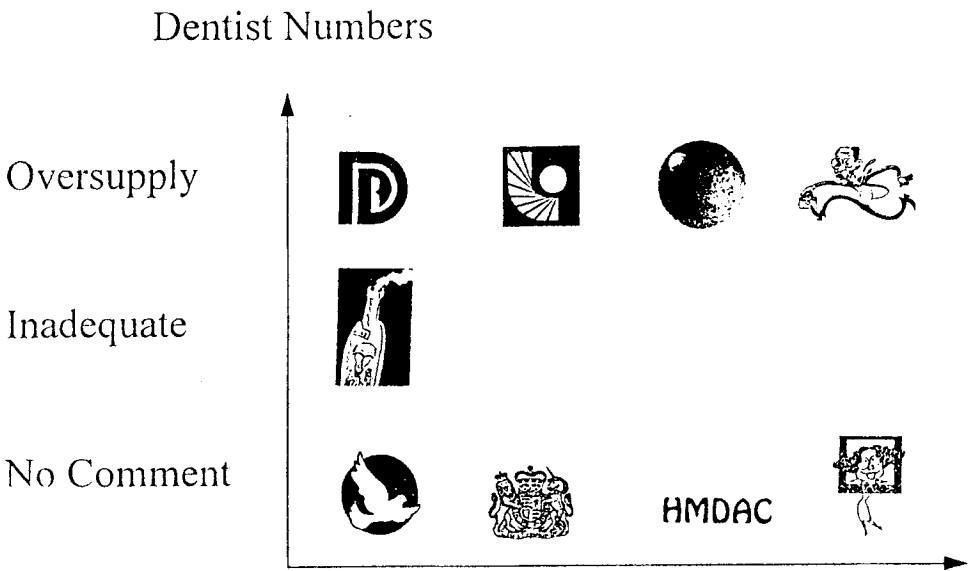


Figure 8. Assessment of number of dentists in Hong Kong.

The political parties except the DP commented that there is an oversupply of dentists; Dr. Siu of HKDF said that there are many dentists who come to Hong Kong from other countries, while Dr. Pong of the LP even quoted the result a survey (5) done by the Hong Kong Dental Association in 1989. It was conducted among all private dental practitioners in Hong Kong by mailed questionnaires, aiming at describing the practice pattern of the local private dentists and their degree of busyness. One of the results showed that on average, 2/3 of their allocated clinical time was spent on treating patients. About 60% of the dentists reported that they were not busy at all and had time for more patients (Table 1). Based on this finding, he believed that there is an oversupply of dentists in the private sector. Four of the interviewees had no comment due to a lack of information. Mr. Andrew Wong was the only one who expressed that he would rather like to see an oversupply of dentists, since only under a keen competition could the charges for treatment be reduced with benefits to patients.

**Table 1. Respondents' assessment of their present practice workload
(from the Hong Kong Dental Association 1989 survey)**

Subjective assessment of workload	N	%
Not busy at all, time for more patients	125	60.4
As busy as I would like, I am not rushed or overworked	66	31.9
More busy than I would like	13	6.3
Too many patients, patients referred	3	1.4
	207	100.0

Actually the number of locally registered dentists in Hong Kong has increased rapidly in recent decade, from around 500 in 1978 to 1,500 in 1993 (Figure 9). The dentist to population ratio is around 1:4,000. The majority of them work in private practice and about 200 are employed by the government and 50 are full time faculty in the University. Since the establishment of a Faculty of Dentistry at the University of Hong Kong in 1982, there has been an annual output of 40-50 graduates. The Faculty further provides training facilities for dentists who pursue postgraduate studies for diploma, master and doctoral degrees.

Number of registered dentists in Hong Kong

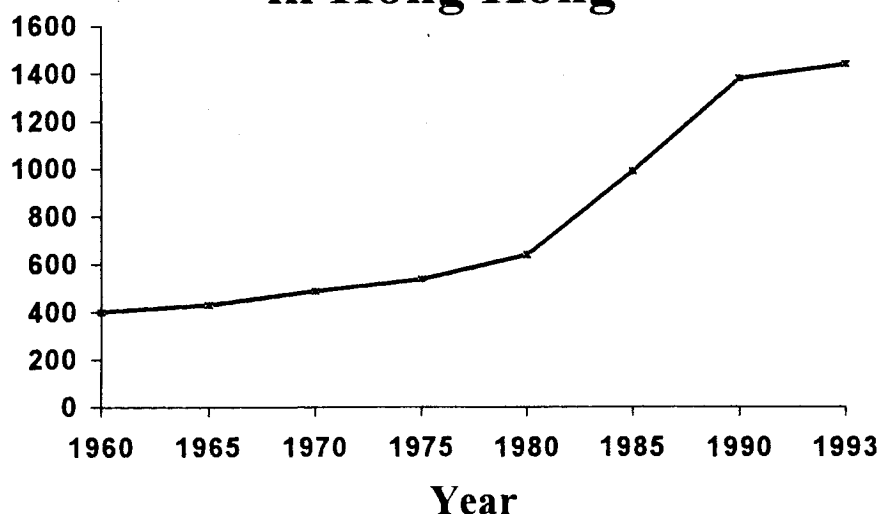


Figure 9. Number of registered dentists in Hong Kong.

In the third question interviewees were asked to comment whether the government should only provide free dental service for civil servants or whether it should extend free dental services to the public?

Some of the interviewees said that since the services to civil servants are actually a type of employment benefit, these should not interfere with services provided to the public (Figure 10). Again, four of them agreed that the government should extend curative services to the public and Dr. Pong of LP commented that even the services provided to civil servants are inadequate. Mr. Andrew Wong said he was not sure if government services to the public would help since there would be too long a waiting list upon large demand and the teeth may become unrestorable before treatment is received.

Services to civil servants
is a type of fringe benefit

 HMDAC  

Free Dental Service to Public

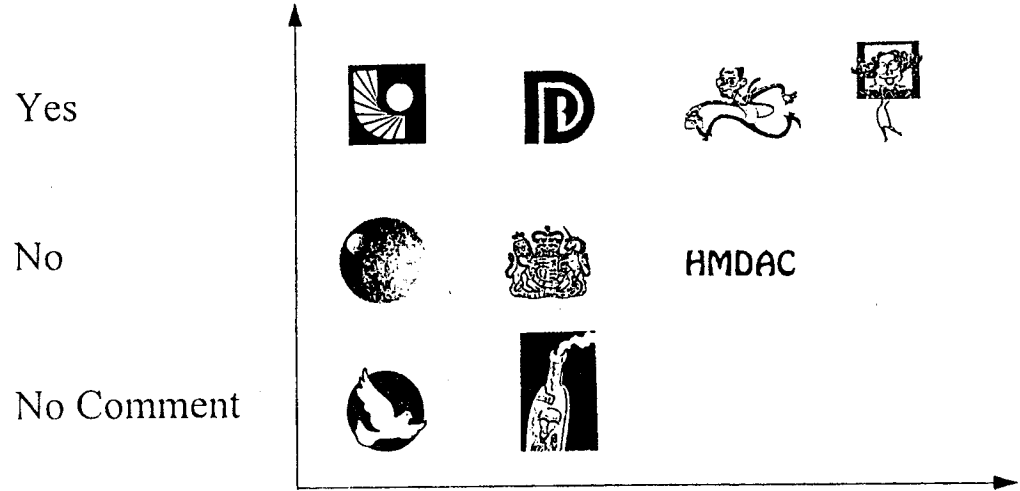


Figure 10. Assessment of the need for dental services to the public.

Current Policy

The second area of interest was about the current policy, and we asked the interviewees what they thought about the current promotion on dental health?

Most of the interviewees expressed that it is inadequate and commented that dental awareness of the public is low (Figure 11). They advised the dental profession to do more. Both Dr. Yan of the Department of Health and Dr. Leong Chi Hung, however, claimed that health promotion and education from the SDCS and OHEU is effective and good enough and Ms. Christine Loh mentioned that promotion through mass media is more effective than dentists conveying messages to patients.

Promotion on Dental Public Health

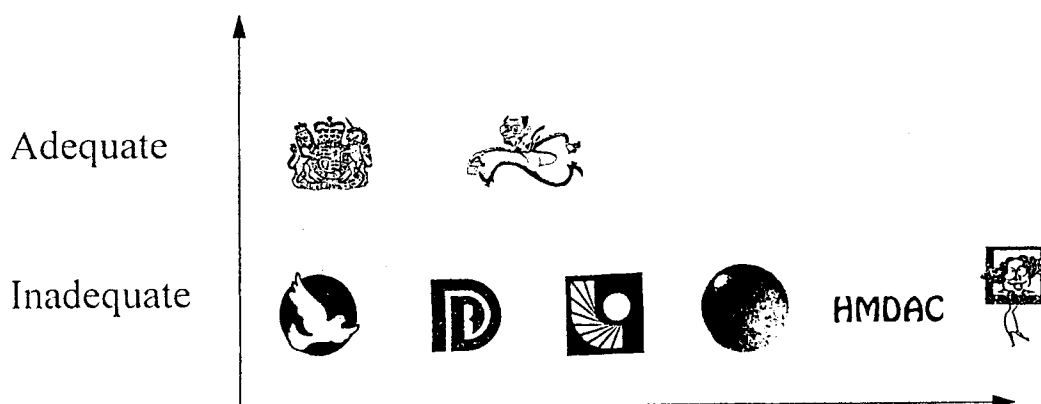


Figure 11. Assessment of the level of promotion of dental health.

The second question was on dentists' advertisements.

There is a new trend of opening of dental studios or shops in developed countries like the UK, which allows dentists "self-imaging" or "self-promotion", e.g. dentists can print pamphlets for promotion or have better decorations in dental clinic to impress customers. It is claimed to make people more aware of their smile in the belief that, although many people are not interested in dental health, if they can become motivated at an aesthetic level, the health aspects will fall into place naturally. The situation in Hong Kong is that there are many constraints on advertisement, signboards and layout of the dental surgery etc, which are governed by the code of practice (6). Thus, this new concept of running a dental clinic is obviously impossible at the time being.

As illustrated in Figure 12, three of the interviewees supported the idea but emphasized that it should be carefully monitored by the professional body. Two of them did not think that it would help and the others had no comment.

Dentists' Advertisements

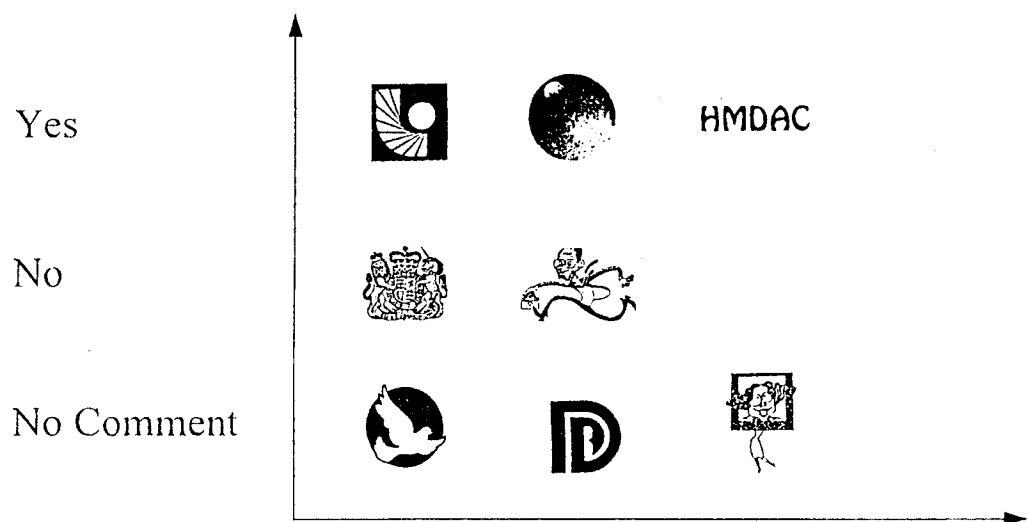


Figure 12. Assessment of the need to let dentists advertise more freely.

The third question was to get comments on the government's level of expenditure on dental services.

None of the interviewees said that it is adequate, and both the DP and the HKDF had no comments on this (Figure 13). Ms. Christine Loh commented that having a definite 5-10-year planning of the development of dental public health might help to achieve a larger slice of the government budget.

Budget on Dental Services

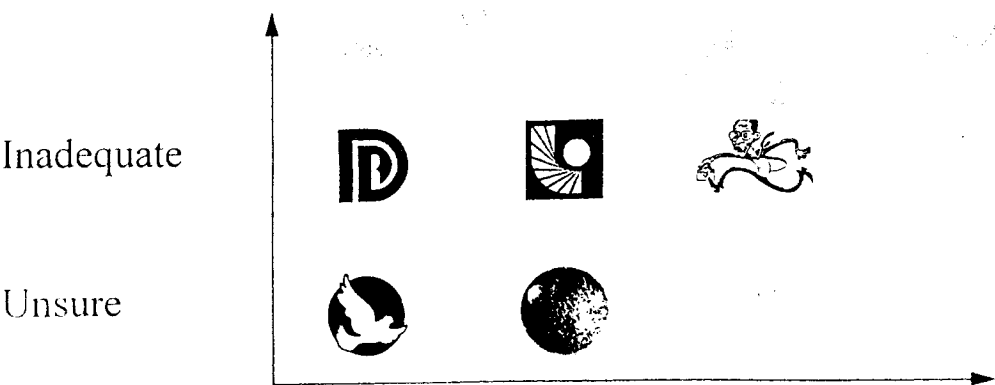


Figure 13. Assessment of the government dental care budget.

Both Dr. Pong of LP and Dr. Leong Chi Hung had similar suggestions. They also claimed that increasing resources did not necessarily mean better services, rather, cost-effectiveness is more important. Dr. Pong suggested to increase the cost-effectiveness by extending clinical hours of government dental clinics to say 10 pm. Dr. Leong suggested to increase the cost-effectiveness of the well-facilitated Prince Philip Dental Hospital by converting it into an in-patient clinic, reducing the number of undergraduates and using the spared manpower and resources on post-graduate specialist training. Besides, Dr. Pong also advised to accept sponsorship from dental products manufacturers.

Statistics illustrated in Figure 14 showed that government expenditure on oral health care is negligible (3% of health services expenditure). The government admits that due to the lack of resources and the expected expenses for comprehensive curative services, the dental policy will remain focussed on prevention and health promotion. However, politicians have different views on this. Although most of them agree that limited resources may affect the services provided, government has their responsibility to keep the public as healthy as possible under a prosperous economic growth.

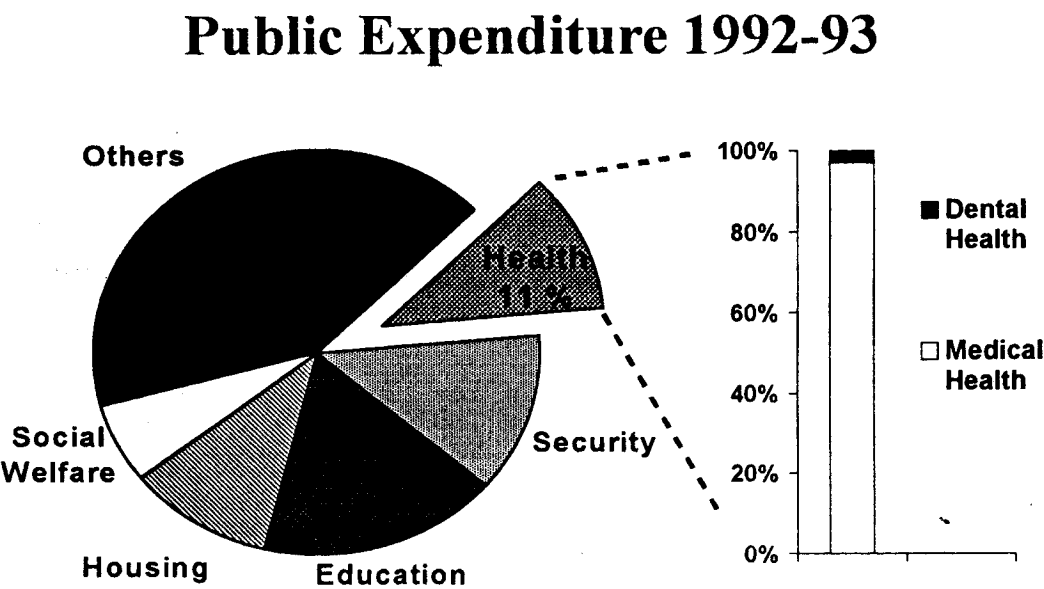


Figure 14. The distribution of Public Expenditure to various areas, emphasizing the proportion taken up by dental health in the right side of the figure.

Question 4 was "Do you think adopting a dental insurance scheme is feasible in Hong Kong?"

Many developed countries like USA, Japan, Sweden and Germany are adopting various medical insurance schemes. The basic idea of insurance is risk-spreading, i.e. a large number of people pay money into a pool, the money can be drawn from the pool to ease the hardship of the people who might suffer losses. A compulsory insurance approach involves compelling all households in Hong Kong to participate in a medical insurance scheme which is centrally administered by the government as the central insurer. Almost no interviewee supported this approach, Figure 15. Two of them preferred a voluntary type which involves relatively little government intervention, rather it consists of a medical insurance plan submitted by private insurance companies which may serve as a kind of quality assurance and choices for consumers. But Dr. Leong pointed out that one might encounter difficulties obtaining cover for high-risk groups since the low-risk group would usually be unwilling to share the risk under a voluntary insurance approach so in that case a compulsory one might be necessary.

Adopting Dental Insurance Scheme

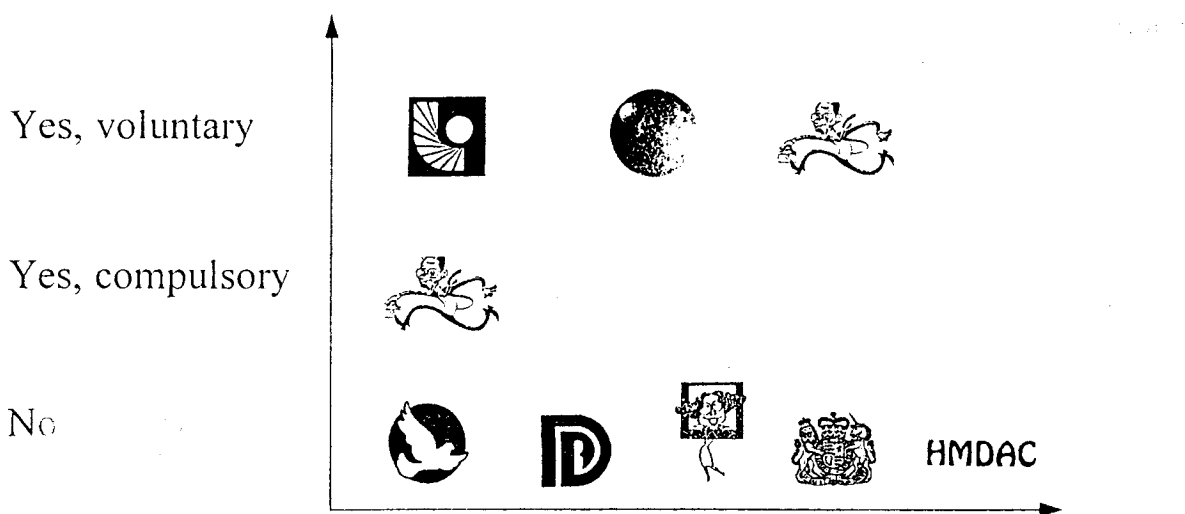


Figure 15. Interviewees' attitudes towards a dental insurance scheme.

Question 5 was "Should there be legislative control on clinical dental waste disposal?"

Currently there is no legislative control on clinical dental waste disposal, three of the interviewees said that it is necessary, (Figure 16) but the others said that provided proper guidelines were established it is not a must to regulate by law, it should be adequate to govern by a code of practice.

Legislation on Clinical Dental Waste Disposal

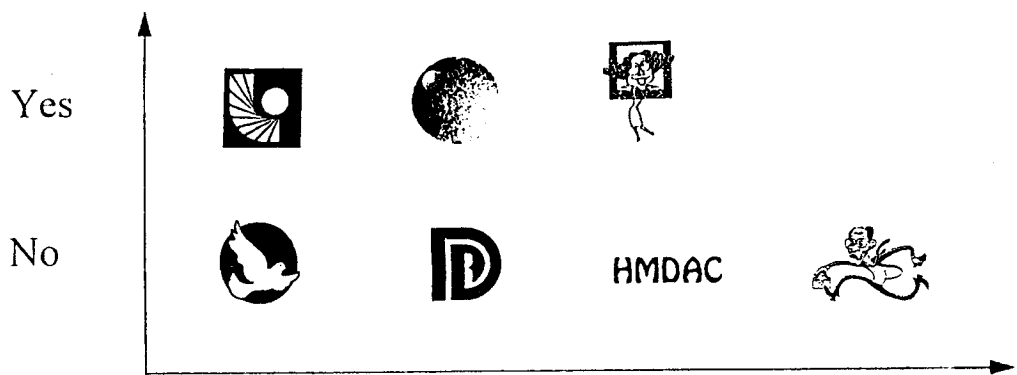


Figure 16. Opinions on clinical dental waste disposal.

Future Development

Question 1 was "How would you like to see the dental services develop in the future?"

The interviewees had quite different opinions on future development (Figure 17). Suggestions included extending free dental services to the public by opening government dental clinics in the evening, extending SDCS from primary school children now to secondary school children, paying more attention to services for elderly, developing specialist training, increasing awareness of illegal dentists, and formulating definite long term planning goals for dental health which aimed at improving quality of free dental care to the public.

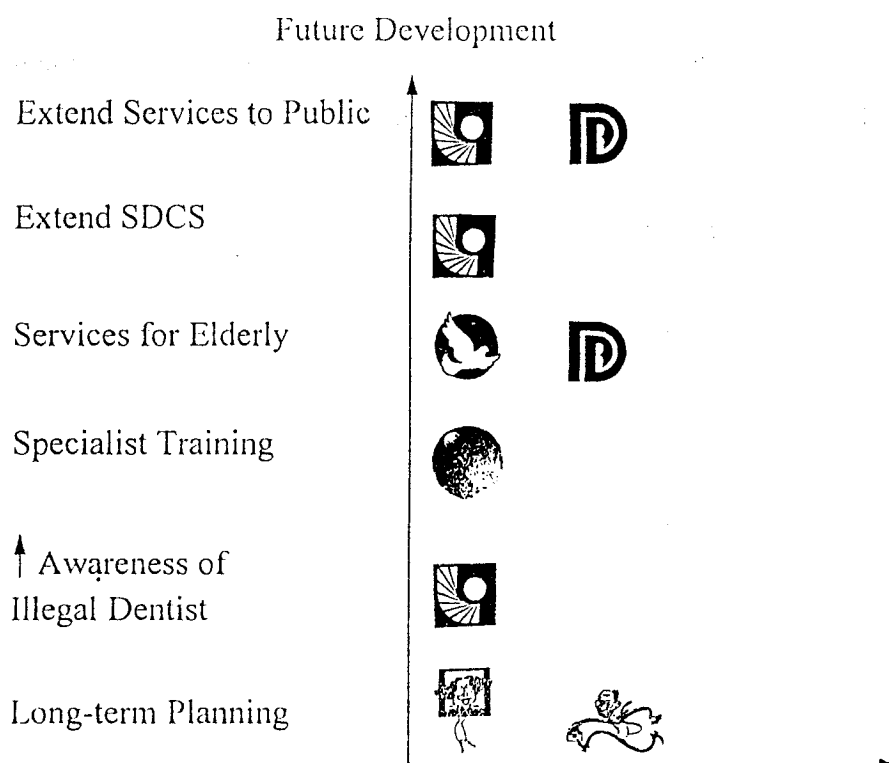


Figure 17. Suggested topics for future development of dental services.

Quite a number of interviewees suggested to expand SDCS and/or elderly services. According to the 1991 population census, the median age of Hong Kong people is 32. This is expected to increase to 37 in 2001 and to 41 in 2011. At the upper end, the group who are aged 60 and above is also increasing (Figure 18).

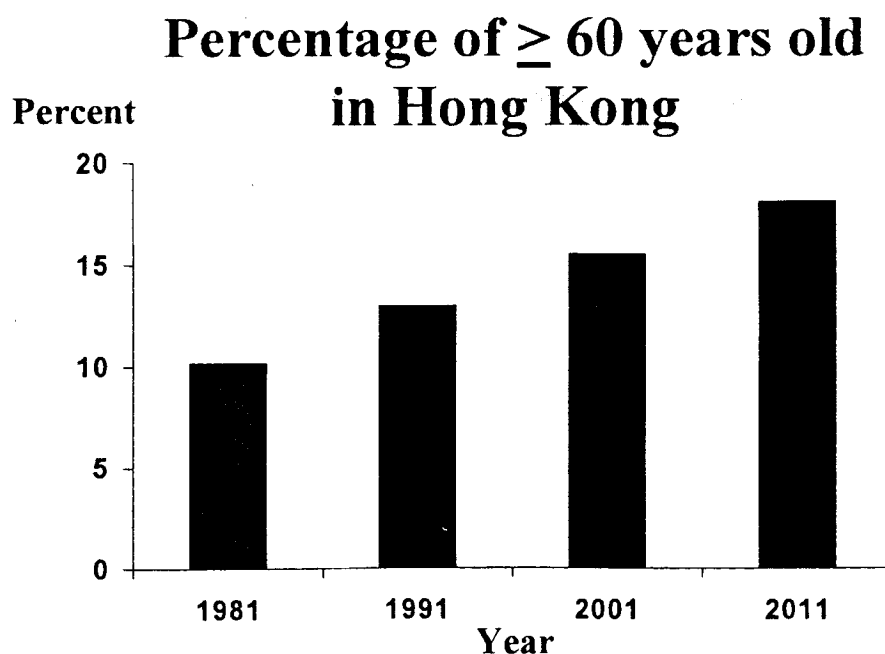


Figure 18. Percentage of >60 years-old population in Hong Kong.

Given the projected increase in size of the elderly group, a general opinion is to increase resources and extend the dental services to the elderly people to whom society owes a debt of gratitude.

The government claims that there is already a provision for the needy including elderly by applying for the Comprehensive Social Security Assistance (CSSA) through the Social Welfare Department, which is given to persons who suffer financial hardship or low earnings due to e.g. old age, disability, illness and unemployment. Currently, about 100,000 people are under this assistance.

The second question was "After 1997, do you think dentists from China and Hong Kong will be on an equal footing? Do you think dental professional autonomy will be interfered with after 1997?"

Basically all the interviewees consistently claimed that as stated in the Basic Law professional registration should be governed by the Special Administrative Region government and the professional bodies. The existing registration system requesting all dentists practising in Hong Kong to sit for an examination held by the Dental Council was considered fair enough.

As a final discussion, we can say that according to the official record of proceedings, Hong Kong HANSARD (7), dental health aspects were rarely discussed in the Legislative Council in the past few decades. This has made us question the awareness of politicians on dental services and dental policy and this may in turn affect policy making in this field in the future.

CONCLUSION AND RECOMMENDATIONS

In conclusion, according to the interviewees, most of the political parties are dissatisfied with the current dental services provided by the government and agree that the public awareness is low. However, none of them are likely to have intentions to raise the problems in a LegCo meeting or request for improvements, since no dental issue is mentioned in their policy platform or other health related document. This may be due to their low interest on this aspect or to poor communications between the politicians, the dental profession, and the government as we noticed that some of the politicians repeatedly claimed their lack of familiarity with dental health issues.

For the government, provision of curative dental services to the public is of low priority and they would still emphasize on prevention and oral health education in the near future.

On this basis we recommend that the dental profession should take a more active role in expressing our desire to improve the quality of dental care services to the public, and to strengthen the communication with politicians and hence promoting dental awareness not only among the general public but also among the policy-makers.

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12. Content Analysis - An introduction to its methodology by Klaus Krippendorff.
13. Basic Content Analysis by Robert Philip Weber Harvard University.
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POLITICAL PARTY

1. Democratic Party

- Established on 2-10-1994
- Background: merged from Meeting point and it is the party consist of the largest number of Legislative Councillors.
- Chairman: Martin Lee
Vice-chairman: Cheung Bing Leung, Yeung Sum
- Legco members (16)
14 directly elected member
2 functional constituency member
- District councillor (75)

2. Liberal Party

- Established on 26-6-1993
- Background: formerly called composed of a group of appointed and functional constituency members of Legco in 1991. Then transformed into a political party.
- Chairman: Allen Lee
Vice-chairman: Ronald Arculli
- Legco members (15)
6 appointed members
9 functional constituency members
- District councillor (18)

3. Democratic Alliance for Betterment of Hong Kong

- Established on 10-7-1992
- Background: As more and more political party or association emerged in politics of Hong Kong, a group of traditional pro-china people were gathered and claim to stay in Hong Kong and aim at practising 'one country - 2 system' and 'Hong Kong people ruling Hong Kong'.
- Chairman: Tsang Yuk Tsing
Vice-chairman: Tam Yiu Chung
- Legco member (1)
- District councillor (37)

4. Hong Kong Association for Democracy and People's Livelihood

- Established on 26-10-1986
- Background: Composed of several district and pressure bodies after joint declaration was signed in 1984 emphasize to look after lower-rank's welfare.
- Chairman: Frederick Fung Kin Kee
- Vice-chairman: Law Cheung Kwok, Liu Tsing Lee, and Leung Kwong Cheong
- Legco member (1)
- District councillor (28)

5. The Liberal Democratic Federation of Hong Kong Limited

- Established on 8-11-1990
- Background: Mainly composed of members of basic law advisory committee representing industrial and commercial sector.
- Legco member (1)
- District councillor (11)

6. Hong Kong Democratic Foundation

- Established on 27-10-1989
- Background: Convened by I.D. McGregor and Leong Che Hung. Since several of the members are foreigner, so also called "Kwai Lo Wui"
- Chairman: Siu Kin Ying
- Vice-chairman: Ko Tak Fung
- Legco member (1)